



Arts and Science Camp 2019

Registration, Medical Release and Permission Form
July 22-26, 9:00 am – Noon
Ages 4 years – 5th grade (in Fall 2019)
Registration deadline July 15, 2019
 1730 St. Clair, Idaho Falls, ID 83404 (208) 522-9076 stpaulsumcoffice@gmail.com

Child's Name:		Date of Birth:		Age:	
Address:		Youth Cell #		Text?	
Guardian:		Phone #		Text?	
Additional Guardian(s):		Phone # (s)		Text?	
Email Addresses:	(Please list all that apply)				
Home Church:					
Physician's Name:		Phone #			
Emergency Contact:		Phone #(s)			
Health Information:					
Allergies:					
Medical Conditions we should be aware of:					
Any Medications?					
Insurance Carrier or Plan Name:		Group #			
Carrier Address:		Insurance ID:			
T-shirt Size: Child S M L (Please circle one) Adult S M L XL XXL		\$10 for the first child in the family, \$5 for each additional child. Scholarships are available.			

Permission to provide necessary treatment and release:

I hereby give permission to the medical provider selected by Camp 2019 leaders to order tests, treatment and release any records necessary for insurance purposes, and to provide related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the medical provider to secure and administer treatment, including hospitalization, for the person named above. I also release St. Paul's, youth leaders and helpers, and the United Methodist Denomination from any liability related to injuries incurred at Camp 2019 provided prudent precautions and practices of safety were followed.

Guardian Signature:	Date:
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I do not give St. Paul's permission to take photographs of my child for Camp 2019 use.

